



PUBLIC EMPLOYEES RETIREMENT ASSOCIATION OF NEW MEXICO

PUBLIC EMPLOYEES RETIREMENT BOARD

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www.state.nm.us/pera

APPLICATION FOR A RE-EMPLOYED PERA RETIREE

Instructions: Please print or type in black. The original of this form must be completed in its entirety and returned to PERA for processing. Required Fields are in *ITALICS*

SECTION A - RETIREE INFORMATION				
SOCIAL SECURITY NUMBER			DATE OF BIRTH	
FIRST NAME		MI	LAST NAME	
ADDRESS TYPE <input type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY <input type="checkbox"/> MAILING			HOME TELEPHONE NO.	
ADDRESS			BUSINESS TELEPHONE NO.	
			EMAIL ADDRESS	
CITY	STATE	ZIP	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
<ul style="list-style-type: none"> Retirees must <u>not</u> be employed by a PERA-affiliated employer for at least 90 consecutive days from his or her retirement date before returning to work for a PERA-affiliated employer. If a retiree returns to work for a PERA-affiliated employer before the 90-day waiting period elapses, the retiree must remove himself or herself from retirement. The retiree will become an employee and will make PERA contributions. Any pension amounts received must be paid back. The employee must apply for re-retirement at the end of his or her employment to begin receiving a pension. Retirees must begin making non-refundable contributions when post-retirement earnings from a PERA-affiliated employer reach \$25,000 in a calendar year and must continue to do so as long as they remain in the job where their salary exceeded \$25,000. A retired employee who earns less than \$25,000 in a calendar year is excluded from paying employee contributions. <u>No</u> additional service credit is accrued during the retirees' reemployment with a PERA affiliate. 				
PERA RETIREE CERTIFICATION				
I certify that I have <u>not</u> been employed by a PERA-affiliated employer for 90 or more consecutive days from my retirement date. I further certify that I understand that by signing this application, I will <u>not</u> accrue additional PERA service credit nor will I be eligible for any additional retirement benefits based on the reemployment period covered by this application. I also certify that I understand that PERA contributions that I make during post-retirement employment if my earnings exceed \$25,000 are non-refundable.				
SIGNATURE OF MEMBER			DATE	
SECTION B - TO BE COMPLETED BY EMPLOYER - CURRENT EMPLOYMENT INFORMATION				
NAME OF EMPLOYER				
DATE EMPLOYED (mm/dd/ccyy)		EMPLOYER NUMBER		
ADDRESS	CITY	STATE	ZIP	
CURRENT POSITION		PLAN		
EMPLOYER CERTIFICATION				
AUTHORIZED SIGNATURE			DATE (mm/dd/ccyy)	
TITLE		BUSINESS TELEPHONE NO.		